

**BILLED ENTITY APPLICANT Reimbursement Form**

**Billed Entity Name** Congregation Bnos Yaakov

**Billed Entity Number** 16072043

**Contact Name** Mrs. Chani Gross

**Applicant Form Identifier** Compu-phone 3

**Block 4: Service Provider Acknowledgment**

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:

- A. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 20 business days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.
- B. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for the Billed Entity Applicant Reimbursement Form.
- C. I certify that, in addition to the foregoing, this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

21. ~~Signature~~ of authorized person (fax, copy or original signature)



22. Date

10/21/15

23. Printed name of authorized person

Rebecca Lemmer

24. Title or position of authorized person

Vice President

25. Telephone number of authorized person

718-230-4292

26. Address of authorized person

309 GRAND Avenue  
Brooklyn, NY 11238

**27. Applicant Remittance Information**

**Name** Congregation Bnos Yaakov  
**Title**

**Street Address** 4512 14th Avenue, Brooklyn, NY 11219